THE HOUSE OF THE GOOD SHEPHERD
A Retirement Community

Medicare Secondary Payer (MSP)

Patient Name:_____Medicare #_____

1. Do you receive Veteran's health care benefits that will pay for the services you will be receiving?
   Yes_____ No_____

2. Are you receiving benefits under the Black Lung Program Yes_____ No_____
   If yes, are the services you will be receiving related to a non-black lung condition?
   Yes_____ No_____

3. Was this illness/injury due to a work-related accident or condition? Yes _____No_____

4. Was this illness/injury related to an automobile accident? Yes_____No_____
   If yes, please provide liability insurance company name _____

5. Was this illness/injury related to an accident in which you intend to file a liability suit or litigation is currently pending? Yes_____ No_____
   If yes, please provide liability insurance company name _____

6. Are you entitled to Medicare based on:
   _____Age (65 and over) – Go to question 7
   _____Disability – Go to question 7
   _____End Stage Renal Disease
   Do you have group health plan coverage? Yes_____ No_____
   Are you within the 30-month coordination period? Yes_____ No_____

7. Are you currently employed? Yes_____No_____

8. Is your spouse currently employed? Yes_____ No_____

9. Do you have coverage under a group health plan as primary coverage based on your own or your spouse's current employment? Yes_____ No_____
   Does the employer that provides this coverage have 20 or more employees? Yes_____ No___

Completed by_____ Date_____